

SERFF Tracking Number: ZURC-125836467 State: Arkansas
Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: CW PR 27261
TOI: 11.2 Medical Malpractice - Occurrence Only Sub-TOI: 11.2002 Ambulance Services
Product Name: Medical Professional Liability CW PR 27261
Project Name/Number: Medical Professional Liability CW PR 27261/CW PR 27261

Filing at a Glance

Company: Empire Fire and Marine Insurance Company

Product Name: Medical Professional Liability SERFF Tr Num: ZURC-125836467 State: Arkansas
CW PR 27261

TOI: 11.2 Medical Malpractice - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$100

Sub-TOI: 11.2002 Ambulance Services Co Tr Num: CW PR 27261 State Status: Fees verified and received

Filing Type: Rule Co Status: Not Applicable Reviewer(s): Betty Montesi, Edith Roberts

Author: Carole Amato Disposition Date: 10/01/2008

Date Submitted: 09/29/2008 Disposition Status: Filed

Effective Date Requested (New): 01/01/2009 Effective Date (New):

Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal):

State Filing Description:

Rules only, no rates, initial program, Ambulance, no mmpcs or RF-1 required.

General Information

Project Name: Medical Professional Liability CW PR 27261

Project Number: CW PR 27261

Reference Organization:

Reference Title:

Filing Status Changed: 10/01/2008

State Status Changed: 10/01/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Earlier this year, we submitted a new Professional Liability program for your approval, which was approved and to be effective 5/1/08. Empire Fire and Marine Insurance Company is now filing to adopt the ISO 2008 Multistate Revision to Division Seven – Medical Professional Liability Rules (PR-2007-ORU07, Edition 9/01/2008), as well as the corresponding ISO state-specific Rules circulars. We are also replacing the exception pages previously approved.

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These pages, referenced below, are being revised to correspond with the changes ISO is making to the Medical Professional Liability rules and rates.

We are updating our Base Rate Page to reflect ISO's new 500/1500 limits. We are also submitting a revised Increased Limits Table (Rule 17) that is still based on ISO, but updated to reflect the new ISO Increased Limits. The other pages listed below simply reflect the name change from Professional Liability to Medical Professional Liability. There are no other changes included with this filing. These changes will not affect any insureds. This filing includes the following supporting documents:

We are filing:

- Base Rates at 500/1500
- Rule 17 - Increased Limits Factor Table
- Rule 9 – Additional Premium
- Rule 10 – Return of Premium
- Rule 16 – Basic Limits
- Rule 20 – Volunteer Endorsement
- Rule 28 – No Reinstatement
- Schedule Rating
- Additional Rule - Surcharge

Please let us know if you have any questions.

Company and Contact

Filing Contact Information

Carole Amato, Supervisor carol.amato@zurichna.com
1400 American Lane (847) 413-5235 [Phone]
Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

Filing Company Information

Empire Fire and Marine Insurance Company CoCode: 21326 State of Domicile: Nebraska
13810 FNB Parkway Group Code: 212 Company Type:

SERFF Tracking Number: *ZURC-125836467* *State:* *Arkansas*
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Omaha, NE 68154-5202 Group Name: State ID Number:
(402) 963-5000 ext. [Phone] FEIN Number: 47-6022701

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: Rule filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Empire Fire and Marine Insurance Company	\$100.00	09/29/2008	22802841

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	10/01/2008	10/01/2008

SERFF Tracking Number: *ZURC-125836467* *State:* *Arkansas*
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Disposition

Disposition Date: 10/01/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Form PRONOT	Filed	Yes
Supporting Document	Form PROMAL	Filed	Yes
Rate	General Rules - Additional Rule Base Rates	Filed	Yes
Rate	General Rules - Additional Premium Changes	Filed	Yes
Rate	General Rules - Return Premium Changes	Filed	Yes
Rate	General Rules - Additional Rule Other Premium Modifications	Filed	Yes
Rate	General Rules - Basic Limits	Filed	Yes
Rate	General Rules - Increased Limits Table	Filed	Yes
Rate	General Rules - Description of Additional Optional Endorsements	Filed	Yes
Rate	Coverage Rules - Allied Health Care Providers Professional Liability Coverage	Filed	Yes
Rate	Schedule Rating Plan	Filed	Yes

<i>SERFF Tracking Number:</i>	<i>ZURC-125836467</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Empire Fire and Marine Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>CW PR 27261</i>		
<i>TOI:</i>	<i>11.2 Medical Malpractice - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>11.2002 Ambulance Services</i>
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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	General Rules - Additional Rule Base Rates		Replacement	CW PR 26276 BASE RATES 1148.pdf
Filed	General Rules - Additional Premium Changes	9	Replacement	CW PR 26276 CW Rule9 Add Prem.pdf
Filed	General Rules - Return Premium Changes	10	Replacement	CW PR 26276 CW Rule10 Return Premium.pdf
Filed	General Rules - Additional Rule Other Premium Modifications		Replacement	CW PR 26276 CW Addl Rule Surcharge.pdf
Filed	General Rules - Basic Limits	16	Replacement	CW PR 26276 CW Rule 16 Basic Limits.pdf
Filed	General Rules - Increased Limits Table	17	Replacement	CW PR 26276 CW Rule 17 ILF Exception Table.pdf
Filed	General Rules - Description of Additional Optional Endorsements	20	Replacement	CW PR 26276 CW Rule 20 Volunteer Endorsement.pdf
Filed	Coverage Rules - Allied Health Care	28	Replacement	CW PR 26276 CW Rule 28 No Reinstatement.pdf

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**Providers Professional
Liability Coverage**

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Filed Schedule Rating Plan Replacement CW PR 26276 AR State Addl Rule
Schedule Rating.pdf

COMMERCIAL LINES MANUAL
DIVISION SEVEN – MEDICAL PROFESSIONAL LIABILITY
ZURICH PROGRAMS – AMBULANCE PROGRAM
RATE PAGE

SECTION I
GENERAL RULES

ADDITIONAL RULE BASE RATES			
Base Rates Per Power Unit at 500/1500 Base Rate			
a.	Rate per Unit: \$861 - \$1,434		
b.	Discount factor applied to each unit		
	Number of Units		Factor
	First 4		1.00
	5 th to 19 th		0.87
	20 th +		0.78
	Example:		
	Policy with 25 power units, priced at mid-point of range		
		Units	Base
			Total Premium
	First 4	4	\$1148
	5 th to 19 th	15	\$999
	20 th +	6	\$895
	Total	25	--
			\$24,947

COMMERCIAL LINES MANUAL
DIVISION SEVEN – MEDICAL PROFESSIONAL LIABILITY
EXCEPTION PAGE

COUNTRYWIDE

SECTION I
GENERAL RULES

RULE 9.		
ADDITIONAL PREMIUM CHANGES		
Paragraph 9.B.1. Waiver of Premium is replaced with the following:		
B.	Waiver Of Premium	
1.	Additional premiums at or below \$25.00 may be waived.	

COMMERCIAL LINES MANUAL
DIVISION SEVEN – MEDICAL PROFESSIONAL LIABILITY
EXCEPTION PAGE

COUNTRYWIDE

SECTION I
GENERAL RULES

RULE 10. RETURN PREMIUM CHANGES		
Paragraph 1. of section B. Waiver of Premium is replaced by the following:		
B.	Waiver Of Premium	
1.	Return premiums at or below \$25.00 may be waived.	

COMMERCIAL LINES MANUAL
DIVISION SEVEN – MEDICAL PROFESSIONAL LIABILITY
ZURICH PROGRAMS – AMBULANCE PROGRAM
RATE PAGE

COUNTRYWIDE

SECTION I
GENERAL RULES

ADDITIONAL RULE OTHER PREMIUM MODIFICATIONS	
Surcharge	Description
25%	More than 50% of calls are dispatched as emergency
10%	Hospital based but not hospital owned
25%	Advanced life support services provided

COMMERCIAL LINES MANUAL
DIVISION SEVEN – MEDICAL PROFESSIONAL LIABILITY
EXCEPTION PAGE

COUNTRYWIDE

SECTION I
GENERAL RULES

RULE 16. BASIC LIMITS	
Paragraph 16.B. is replaced by the following:	
B.	For basic limits, refer to company Additional Rule - Base Rates.

COUNTRYWIDE

[illegible]

COMMERCIAL LINES MANUAL
DIVISION SEVEN – MEDICAL PROFESSIONAL LIABILITY
EXCEPTION PAGE

COUNTRYWIDE

SECTION I
GENERAL RULES

RULE 20.	
DESCRIPTION OF ADDITIONAL OPTIONAL ENDORSEMENTS	
The following is added to paragraph E. Additional Coverage Endorsements	
Volunteer Workers Professional Liability Coverage – EM 4656	
E.	Professional liability coverage for volunteer workers may be provided under the Allied Health Care Providers Professional Liability Coverage form by attaching EM 4656 Volunteer Worker(s) Professional Liability Coverage.

COMMERCIAL LINES MANUAL
DIVISION SEVEN – MEDICAL PROFESSIONAL LIABILITY
EXCEPTION PAGE

COUNTRYWIDE

SECTION II
COVERAGE RULES

RULE 28.
ALLIED HEALTH CARE PROVIDERS PROFESSIONAL LIABILITY COVERAGE
Paragraph 28.4.B. Basic Limits is deleted in its entirety.

COMMERCIAL LINES MANUAL
DIVISION SEVEN – MEDICAL PROFESSIONAL LIABILITY
ZURICH PROGRAMS – AMBULANCE PROGRAM
SCHEDULE RATING PLAN
RATING PLAN PAGE

ARKANSAS

The risk may be further modified in accordance with the following schedule rating tables to reflect such characteristics of the risk as are not reflected in the experience.			
SCHEDULE RATING TABLE			
Risk Characteristics		Range of Modification	
		Maximum Credit	Maximum Debit
A.	Management:		
	Superior senior management as evidenced by professional designations, post-graduate academic degrees, etc.	10%	
	Lack of expected procedures and processes regarding medical reviews, reviews of patient care and safety, and incident report.		25%
B.	Employees		
	Lower than normal turnover of professional staff and higher than normal average years of experience for professional staff.	10%	
	Higher than normal turnover of professional staff and lower than normal average years of experience for professional staff.		10%
C.	Professional Procedures		
	Documentation of required professional procedures that go beyond normal standards.	10%	
	Lack of documentation for professional procedural standards.		25%
D.	Education and Training:		
	Existence of a continuing education program for professional employees that exceeds state requirements.	10%	
	Lack of a continuing education program that meets state requirements.		25%
E.	Accreditations:		
	Accreditation by Commission On Accreditation of Ambulance Services	5%	0%
F.	Equipment:		
	Use of superior quality equipment and adherence to manufacturers suggested maintenance program.	10%	
	Use of lower quality equipment and lack of preventive maintenance program.		10%
G.	Loss Prevention:		
	Compliance with any insurance company loss prevention recommendations when made.	5%	
	Failure to comply with insurance company recommendations.		10%
H.	Nonstandard Professional Exposures		
	Regular operation under circumstances which are unusual for an ambulance operation which increase professional exposure.	0%	15%
Maximum Credit/Debit is 40%			
This applies only to the companies listed in this table: Empire Fire and Marine Insurance Company			

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Supporting Document Schedules

	Review Status:	
Satisfied -Name: Uniform Transmittal Document-Property & Casualty	Filed	10/01/2008
Comments:		
Attachment:		
NAIC Transmittal rule.pdf		
Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Review Status:	
Bypass Reason: not applicalbe	Filed	10/01/2008
Comments:		
Bypassed -Name: NAIC loss cost data entry document	Review Status:	
Bypass Reason: not applicable	Filed	10/01/2008
Comments:		
Bypassed -Name: Form PRONOT	Review Status:	
Bypass Reason: not applicable	Filed	10/01/2008
Comments:		
Bypassed -Name: Form PROMAL	Review Status:	
Bypass Reason: not applicable	Filed	10/01/2008
Comments:		

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3.	Group Name Zurich North America	Group NAIC #			
		212			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Empire Fire & Marine Ins. Co.	NE	21326	47-6022701	

5.	Company Tracking Number	CW PR 27261
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Carole Amato 1400 American Lane	Analyst	847-413-5235	847-605-7768	carole.amato@zurichna.com
	Schaumburg, IL 60196				
7.	Signature of authorized filer		<i>Carole Amato</i>		
8.	Please print name of authorized filer		Carole Amato		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	11.2002
10.	Sub-Type of Insurance (Sub-TOI)	Med Mal - Ambulance
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Professional Liability Rules
13.	Filing Type	[] Rate/Loss Cost [x] Rules [] Rates/Rules [] Forms [] Combination Rates/Rules/Forms [] Withdrawal [] Other (give description)
14.	Effective Date(s) Requested	New: 01-01-2009 Renewal: 01-01-2009
15.	Reference Filing?	[] Yes [] No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	[] Not Filed [] Pending [] Authorized [] Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CW PR 27261
21.	Filing Description	[This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Earlier this year, we submitted a new Professional Liability program for your approval, which was approved effective 5/1/08. Empire Fire and Marine Insurance Company is now filing revisions to our rules to correspond with the changes ISO is making to the Medical Professional rules and rates per ISO 2008 Multi State Revision to Division Seven – Medical Professional Liability Rules (PR-2007-ORU07, Edition 9/01/2008), as well as the corresponding ISO state-specific Rules circulars.

We are updating our Base Rate Page to reflect ISO's new 500/1500 limits. We are also submitting a revised Increased Limits Table (Rule 17) that is still based on ISO, but updated to reflect the new ISO Increased Limits. The other pages listed below simply reflect the name change from Professional Liability to Medical Professional Liability. There are no other changes included with this filing. These changes will not affect any insureds. This filing includes the following supporting documents:

We are filing:

- Base Rates at 500/1500
- Rule 17 - Increased Limits Factor Table
- Rule 9 – Additional Premium
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- Rule 16 – Basic Limits
- Rule 20 – Volunteer Endorsement
- Rule 28 – No Reinstatement
- Schedule Rating
- Additional Rule - Surcharge

2.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: Amount: Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CW PR 27261
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	CW PR 27261
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☐ Rate Increase ☐ Rate Decrease x Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Empire Fire & Marine Ins. Co.	0	0	0	0	0	0	0

4b.	Rate Change by Company (As Accepted) For State Use Only
-----	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	N/A	
5b	Overall percentage rate impact for this filing	N/A	
5c	Effect of Rate Filing – Written premium change for this program	N/A	
5d	Effect of Rate Filing – Number of policyholders affected	N/A	

6.	Overall percentage of last rate revision	N/A
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7.	Effective Date of last rate revision	N/A
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Additional Rule Base Rates	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	1148
02	Rule 9 Additional Premium Changes	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	1148
03	Rule 10 Return Premium Changes	New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	1148

04	Rule 16 Basic Limits	New [<input checked="" type="checkbox"/>] Replacement [<input type="checkbox"/>] Withdrawn	1148
05	Rule 17 Increased Limits Tables	New [<input checked="" type="checkbox"/>] Replacement [<input type="checkbox"/>] Withdrawn	1148
06	Rule 20 Description of Additional Optional Endorsements	New [<input checked="" type="checkbox"/>] Replacement [<input type="checkbox"/>] Withdrawn	1148
07	Additional Rule Other Premium Modifications	New [<input checked="" type="checkbox"/>] Replacement [<input type="checkbox"/>] Withdrawn	1148
08	Rule 28 Allied Health Care Providers Professional Liability Coverage	New [<input checked="" type="checkbox"/>] Replacement [<input type="checkbox"/>] Withdrawn	1148
09	Ambulance Program – Arkansas Schedule Rating Table	New [<input checked="" type="checkbox"/>] Replacement [<input type="checkbox"/>] Withdrawn	1148

PC RRFS-1

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